l exas Ethics Commission	P.O. Box 12070	Austin, Texas 78		IVED	(512)463-5800	1-800-325-85
	TE/OFFICEH SN FINANCE		CITY C	•	FO	RM C/OH HEET PG 1
The C/OH INSTRUCTION this form.	ON GUIDE explains how	to complete	1 ACCOUNT# (Ethics Commission f		2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MR. H	ENRY	J.	1		USE ONLY
	NICKNAME R	osales		UFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER ADDRESS		SUITE #, O		PCODE		
Change of Addres	SAN A	ANTONIC	, Tx. 782	37	Date Hand-delivered	or Date Postmarked
TREASURER NAME	TITLE MS.	LINDA	Ġ.	' <u> </u>	Receipt #	Amount
	NICKNAME	IVAS	su	_	Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business		erri	Eliza Texas			
7 CAMPAIGN TREASURER PHONE		NUMBER 402	EXTENSION			
8 REPORT TYPE	January 15	30th day before election	Runoff		15th day after ca	ampaign treasurer iceholder only)
		8th day before election	Exceeded \$500	0 limit	Final report (Atta	nch C/OH - FR)
9 PERIOD COVERED	Month Day Year 1 / 17 / 03	THROU	Month 3	Day 25/	9ear 03	
10 ELECTION	Month Day Year 5 / 3 / 03	ELECTION TYPE	Runoff	∑ Ger	neral	Special
11 OFFICE	OFFICE HELD (if any)		OFFICE SOUGH	HT (if known)	Ncil.	Dist.5
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditure: Candidates are required to disclete.	s are campaign expendose this information on	ditures made by others without if they receive notification	out the candida	to's prior someont o	
BY OTHER INDIVIDUALS	Name			<u></u>		. `
	Address / PO Box; Apt. / Suite #;	City; State; Zij	p Code			
additional pages						
		GO TO P	AGE 2			

1 exas Etnics Commission	P.O. Box 1207	O Austin, Texas	7871/1-20705 AN	(512)46	3-5800 1-	-800-325-8506
	TE / OFFIC & TOTALS		REPORT:	Cov	FORM ER SHEE	C/OH T PG 2
14 C/OH NAME -	HENRY	ROSAI	es	15 ACC	OUNT #(Ethics Con	mission filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	this information only if t	ce of political expenditures without the candidate's or or hey receive notice of such COMMITTEE NAME	by political committees to support the fficeholder's knowledge or consent. Cexpenditures. ••	e candidate / offic andidates and of	eholder. <i>These exp</i> liceholders are requ	enditures lired to report
	GENERAL, SPECIFIC	COMMITTEE ADDRESS				
additional pages		COMMITTEE CAMPAIGN TRE				
			Partition (Co.)			
17 NO REPORTABLE ACTIVITY		reportable activity occurred	d during this reporting period. (Sign affic	davit below and sub	nit pages 1 and 2 only.	.)
18 CONTRIBUTION TOTALS	1. TOTAL PO PLEDGES	DLITICAL CONTRIBUTIO , LOANS, OR GUARAN	ONS OF \$50 OR LESS (OTHER TITLES OF LOANS), UNLESS ITEM		\$ 308	8.00
	1	POLITICAL CONTRIE HAN PLEDGES, LOANS	BUTIONS S, OR GUARANTEES OF LOANS)		\$1708	
EXPENDITURE TOTALS	3. TOTAL PO	LITICAL EXPENDITUR	ES OF \$50 OR LESS, UNLESS IT		\$	
	4. TOTAL P	OLITICAL EXPENDI	TURES		821	7.30
OUTSTANDING LOAN TOTALS	1	INCIPAL AMOUNT OF A OF THE REPORTING I	ALL OUTSTANDING LOANS AS O PERIOD		571	2.00
19 AFFIDAVIT						
	KAREN S HOPP NOTARY PUBL State of Texas Comm. Exp. 08-22-		I swear, or affirm, under penaltis true and correct and includes me under Title 15, Election Cod	s all information		. • •
~			Signature of (Candidate or O	fficeholder	
AFFIX NOTARY STAME		LLA	Posales		2 Rd	
of HDC1 , 2		1	hand and seal of office.	, this t	ne <u>2</u>	day
Karins	Hopper	Karen				
Signäture of officer ad	ministering oath	Printed name of o	fficer administering oath	Title of office	er administering o	ath

POLITIC OTHER	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	3mm 170 - 3 P	M 1:56 (FOR FORI	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruction	N GUIDE explains how to complete this form.		1 Total pages this	Schedule A1:
2 FILER NAME	HENRY ROSAles		3 ACCOUNT # (Eth	nics Commission filers)
4 Date 3-17-03	5 Full name of contributor Out-of-state PAC (ID#:	A. Tx.	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	pation (Optional)	10 Employer (Option	al)	
3-17-03	Full name of contributor out-of-state PAC (ID#:_BRIAN PENA Contributor address; City; State; Zip Code 530 SONNET DR.	S.A.Tx,	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	782/6 Employer (Option	ai)	
3-17-03	Full name of contributor out-of-state PAC (ID#:_BARBARA BINOSK Contributor address; City; State; Zip Code 5322 Montrice DANAC TO NACE TO N	a Ave.	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	DAIIAS TEXAS 7 pation (Optional)	Employer (Options	al)	
Date 3 -17-03	Contributor address: City: State: Zip Code	RK	Amount of contribution (\$)	In-kind contribution description (if applicable)
0 17 17	12241 BARE BUSH Columbia MD.		200.00	
Principal occup	ation (Optional)	Employer (Optiona	ai)	
3-17-03	Full name of contributor Out-of-state PAC (ID#:_ Richard Perez Contributor address; City; State; Zip Code +212 Medical Di SAN ANTONIO, /X.		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	nation (Optional)	Employer (Options	al)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCH	ED	UL	E	A	1
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(FOR FORMS CIOH, CIOH-SS, SC-CIOH, DM L: SE-SPAC, SPAC, & SPAC-SS

o men many eest on estate	2023 177	-3 PM 4:5	\$C-SPAC, SPAC, & SPAC-SS)
The Instruction Guide explains how to complete this form.		1 Total pages this	Schedule A1:
2 FILER NAME HENRY ROSAles		3 ACCOUNT # (Et	hics Commission filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:_ GABRICHE Thomas		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3-17-03 6 Contributor address; City; State; Zip Code 3215 PRESTON H SAN ANTONIO, TX.	PAIL DR. 78247	100,00	
9 Principal occupation (Optional)	10 Employer (Option	al)	
Date Full name of contributor out-of-state PAC (ID#_ROBERT GONZA/EZ		Amount of contribution (\$)	In-kind contribution description (if applicable)
3-17-03 Contributor address; City: State: Zip Code 107 QUENTIN ROOSE SAN ANTONIO, TX. 7		100.00	
Principal occupation (Optional)	Employer (Options	al)	
Date Full name of contributor Out-of-state PAC (ID#:_ Robert Gonzale:) Z	Amount of contribution (\$)	In-kind contribution description (if applicable)
3-17-03 Contributor address: City: State: Zip Code 107 QUENTIN RUBER SAN ANTONIO, TX. 7		100,00	
Principal occupation (Optional)	Employer (Option	al)	
Date Full name of contributor out-of-state PAC (ID#:_ MARGARITA FRES9	uez	Amount of contribution (\$)	In-kind contribution description (if applicable)
3-17-03 Contributor address; City; State; Zip Code 7603 ZIRBAN HIII	70150	100,00	
Principal occupation (Optional)	Employer (Options	al)	
Date Full name of contributor Out-of-state PAC (ID#_ Rev. RegINA/D U	Villiams	Amount of contribution (\$)	In-kind contribution description (if applicable)
3-17-03 Contributor address; City; State; Zip Code 2015 MADISON N. Y. N. Y. 1003	·	100.00	: ~
Principal occupation (Optional)	Employer (Option:	ai)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas	Ethics	Commission

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A	~	-0-44					
Austin.	iexas	78711	-2078	~C111	E 1451	21463	5800

1-800-325-8506

PLEDG	ED CONTRIBUTIONS	CITY O	F SAN ANTON	SCHEDULE B1 , sc-c/oh, sc-spac, & spac)
		703 45	2 - 3 PM 4: 1	56
The Instruct	TION GUIDE explains how to complete this form.		1 Total pages this	Schedule B1:
2 FILER NAM	ME HENRY ROS	Ales	3 ACCOUNT # (E	thics Commission filers)
	TAL OF UNITEMIZED PLEDGES: ⇒	\$ \$ \$	\$	\$ N/A
5 Date	6 Full name of pledgorout-of-state PAC (ID#:	de	8 Amount of pledge (\$)	9 In-land description (if applicable)
10 Principal occi	upation (optional)	11 Employer (option	nal)	İ
Date	Full name of pledgorout-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	Lupation (optional)	Employer (option	al)	L
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	upation (optional)	Employer (option	al)	
Date	Full name of pledgorout-of-state PAC (ID#:	e	Amount of pledge (\$)	In-kind description (if applicable)
Principal occur	pation (optional)	Employer (options	al)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
Principal occur	pation (optional)	Employer (optiona	ai)	
If cont	ATTACH ADDITIONAL COPIE ributor is out-of-state PAC, please see instr	S OF THIS FORM A	AS NEEDED	ng requirements.

	CITY OF SAN AN CITY CLERI	(SCHEDULE !
		•	
	2003 APR - 3 PM	կ։ 56	
e explains how to complete this form.		1 Total pages Sci	nedule E:
HENRY ROSAL	es	3 ACCOUNT# (E	ithics Commission filers)
	\$ \$ \$ \$	P P	\$
7 Name of lender	Out-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·	9 Loan Amount (\$)
SAN ANTONIO C	REDIT UN	vion	5,000,00
	Zip Code	• • • • • • • • •	10 Interest rate
•		/	11 Maturity date
	×,78295-	1356	2-15-07
31			
14 Name of guarantor		*	16 Amount Guaranteed (\$)
15 Guarantor address; City; State;	Zip Code	• • • • • • • • • • • • • • • • • • •	
	18 Employer		
Name of lender	Out-of-state PAC (ID#:)	Loan Amount (\$)
Lender address; City; State;			/, 36 2, 00
2926 KERR	I ELIZABO	th	O, O
SAN ANTONIO,	Tx. 78	137	Maturity date 2 - 1 3 - 0 4
			2 13 0 7
Name			
Name of guarantor			Amount Guaranteed (\$)
Guarantor address; City; State;	Zip Code		
	Employer	<u>-</u>	***
	<u> </u>		
ATTACH ADDITIONAL CO	PIES OF THIS FORM AS	NEEDED	
out-of-state PAC, please see inst	truction guide for additi	onal reporting	requirements.
	OF UNITEMIZED LOANS: 7 Name of lender SAN ANTONIO 8 Lender address; City; State; P. O. BOX /35 SAN ANTONIO, Tal 14 Name of guarantor 15 Guarantor address; City; State; Name of lender LINDA RIVAS Lender address; City; State; 2926 7Kerr SAN ANTONIO, Name of guarantor Name of guarantor San ANTONIO, San ANTONIO, San State; San ANTONIO, San State; San San State; San	PERPLAN RY ROSALES OF UNITEMIZED LOANS: \$\Rightarrow \Rightarrow	1 Total pages Sci. 1 Total pages Sci. 2 Penry Rosales 3 Account # (6) 2 Penry Rosales 3 Account # (6) 3 Account # (6) 3 Account # (6) 4 Penry Rosales 3 Account # (6) 4 Penry Rosales 3 Account # (6) 4 Penry Rosales 4 Pe

exas Ethics Commis	sion P.O. Box 12070	Austin, Tex	(as 7877) (2010 LV	ONIO (512) 40	63-5800 1-800-325-85
LOANS			CITY OF SAN AND CLERK CITY CLERK		SCHEDULE E
			orga apk - 3		
The Instruction Guil	DE explains how to complete			1 Total pages Sch	adule E:
FILER NAME	HENRY	Ros.	ALes	3 ACCOUNT # (Et	nics Commission filers)
	L OF UNITEMIZED LO		\$ \$ \$ \$	\$	\$
Date of loan 1-16-03	7 Name of lender HENRY	R05	out-of-state PAC (ID#: ALES)	9 Loan Amount (\$)
is lender a financial in stitution?	R Lender address City	State:	Zip Code	Beth	10 Interest rate
Y (N)			io, Tx. 5		11 Maturity date NA
2 Description of Collate	<u> </u>				
I3 GUARANTOR INFORMATION	14 Name of guarantor	4		elita aramana a	16 Amount Guaranteed (\$)
not applicable	15 Guarantor address; City;	; State;	Zip Code		·
7 Principal Cocupation			18 Employer		
Date of loa 1	Name of lender	0	out-of-state PAC (ID#:)	Loan Amount (\$)
2-15-03	HENRY Lender address; City;	ROS	ALES		5,000, 00
financial Institution?	29267	Kerri	ELIZA	BeTH	Maturity date
Description of Collate	SAN ANT				NJA
none	LOAN	70	SELF		T
GUARANTOR INFORMATION	Name of guarantor		, , , , , , , , , , , , , , ,		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	; State;	Zip Code		
Principal C :cupation	<u>.</u>		Employer		e ¹ -
If lender	ATTACH ADI		PIES OF THIS FORI		g requirements.

Texas Ethics Co	mmission P.O. Box 12070 Austin, Texas	78711-2070	(512) 463-	.5800 1-800-325-850
POLITI	CAL EXPENDITURES	CITY OF SAN ; CITY CLE	ANTONIO	SCHEDULE F
		2003 APR - 3, F	M 4:56	
The Instruction	on Guide explains how to complete this form.	1	Total pages Sc	hedule F:
2 FILER NAM	HENRY ROSALE	2.5	ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name LAURA SOSA		7	Amount (\$)
3-17-03	6 Payee address; City; State; Zip Code 218 Lively ST. SAN ANTONIO, TX.	782/3		1,000.00
required.)	ment (See instructions regarding type of information $OFFICE$ MgR . $(2wKs.)$	9 •• Complete if direct Candidate / Officeholder name		enefit C/OH •• n sought Office held
Date	Payee name HEATHER RY Payee address; City; State; Zip Code		'A	Amount (\$)
3-17-03	Payee address; City; State; Zip Code 3939 PORTS M SAN ANTONIO,	10UTh 1x. 7822	3	500,00
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if direct Candidate / Officeholder name		enefit C/OH •• sought Office held
Date	Payee name OULRSTREE	T STUDIO	5	Amount (\$)
2-1-03	Payee address; City; State; Zip Code 8/26 BROAD SAN ANTONIO			226,54
required.)	ment (See instructions regarding type of information boto FOR AmpaigN RTISMENTS	Complete if direct of Candidate / Officeholder name		nefit C/OH •• sought Office held
Date	Payee name	C/	T	Amount
-24-03	Payee address; City; State; Zip Code 7900 I.H. 35 SAN ANTONIO,	NORTH PO		16.97
required.) \mathcal{B}	ment (See instructions regarding type of information LACK + WHITE S FOR (AmpAigN)	·· Complete if direct e Candidate / Officeholder name	expenditure to be	nefit C/OH sought Office held

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Texas Ethics Co	7 Idoan, Texa	s 78711,2079(VFD	(512) 463-5800 1-800-325-85
		CITY OF SAN ANTON	SCHEDULE F
,	HENRY ROSAles	999 100 -3 PM 4:	
The Instructi	ION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAM	1E		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name		
	ARIZONA CAFE		7 Amount (\$)
3-1-03	6 Payee address: City; State; Zip Code //// S. Gew. MEW	Jullen	165.00
	SAN ANTONIO, TX.	78237	
8 Purpose of pay	yment (See instructions regarding type of information	9 Complete if dir	rect expenditure to benefit C/OH ••
E	AMPAIGN KICK OFF UENT FOOD/BENCRAGE	Candidate / Officeholder na	ame Office sought Office held
Date	Payee name		Amount
	Goyo Zepedi	4	(\$)
	Pavee address: City: State: 7:- 0-4-		
3-1-03	2311 W. TRAVIS		300.00
	SAN ANTONIO, TX.	70107	_
		78001	
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dire	ect expenditure to benefit C/OH ••
	AMPAIGN CONSULTANT	Candidate / Officeholder na	arne Office sought Office held
FOR S	SeNIBR CitiZENS		
Date			
Date	Payee name Josephine R	AMOW	Amount (\$)
	Payee address; City, State; Zip Code		
1-17-03	3939 PORTSME	ruth	452.55
	SAN ANTONIO, T		
Purpose of paying required.)	ment (See instructions regarding type of information LIM BULSEMENT	Complete if direction Candidate / Officeholder nar	cct expenditure to benefit C/OH •• me Office sought Office held
CAMPA	•		Onice need
Date	Payee name 0 // / D		
Jule	Payee name Alli'eD Al	DUERTISING	Amount (\$)
3-4-03	Payee address; City; State; Zip Code 3700 BLANC	o RD.	_ 1,311.24
	SAN ANTONIO, T	Tx. 78212	
Purpose of payri	nent (See instructions regarding type of information	· Complete if direct	ct expenditure to benefit C/OH ••
. oqu. (0.)		Candidate / Officeholder nam	me Office sought Office held
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NEI	EDED
Printed on manual			

Texas Ethics Co	mmission P.O. Box 12070 Austin, Texas	78711-2070 RECEIVED	(512) 463-5	5800 1-800-325-850
POLITI	CAL EXPENDITURES	CITY OF SAN AN	(1 0 N 1 0	SCHEDULE F
76.0		THE	<u>4:56</u>	
	ON GUIDE explains how to complete this form.		1 Total pages Sch	edule F:
2 FILER NAM	MENRY KOSAles		3 ACCOUNT # (E	thics Commission filers)
4 Date	5 Payee name Josephine RAMON		7	Amount (\$)
2-24-03	6 Payee address; City; State; Zip Code 3530 RoLAND	Aue,		734.13
	SAN ANTONIO, TX.	78210		
required)	ment (See instructions regarding type of information	9 Complete if dir	ect expenditure to be	
Reimk	BURSEMENT FOR YURCHA CAMPAIGN PUSH-CARDS	S C Candidate / Officeriolder ha	ame Office	sought Office held
Date	Payee name Josephine RAY Payee address; City; State; Zip Code 3530 ROLAND	noN		Amount (\$)
2-24-03	Payee address; City; State; Zip Code 3530 RoLAND	Ave.		228.64
	SAN ANTONIO, TX.			
Purpose of pay required.)	ment (See instructions regarding type of information P IMBURSEMENT FOR	Candidate / Officebolder	ect expenditure to be	
+ INST	HASE OF TELEPHONES ALLATION OF LINES-REFREST	MENTS		
Date	Payee name LAURA 505A			Amount (\$)
	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		_
2-28-03	218 Lively			500,00
	SAN ANTONIO, TX.	78213		
required.)	ment (See instructions regarding type of information ALARY - OFFICE	Complete if dire Candidate / Officeholder na	ct expenditure to ber	
-	gement / WK.			
Date	Payee name	o Dansai		Amount
	UOSEPH IN	e RAMON		(\$)
2-28-03	Payee address; City; State; Zip Code 3530 ROLAND	AUE,	<u>-</u>	151.94
	SAN ANTONIO, TX.	78210		
	ment (See instructions regarding type of information eim Bursement For		ct expenditure to ben	
_	e of Flyers + Postcards			
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED	

POLITICAL	EXPENDITURES	CITY OF STEER	-	echebia e E
		2003 APR - 3 PM L	: 56	SCHEDULE F
		20013 AT IV		
The Instruction Guide (explains how to complete this form.		1 Total pages S	chedule F:
2 FILER NAME	HENRY ROSA	les /	3 ACCOUNT#	(Ethics Commission filers)
4 Date 5 Pay	Allied Adve	RTISING	7	Amount (\$)
3-4-03 6 Pay	vee address; Zip Code 3700 BLANC	/ 18/ 6/	• • • • • • •	1,311.24
8 Purpose of payment (Se required.)	ee instructions regarding type of information	9 Complete if dia	rect expenditure to	benefit C/OH ••
' '	AMPAIGN SigNS	Candidate / Officeholder n		ce sought Office held
Date Pay	Wello-WellA	COO DOOT	. , T	Amount (\$)
 Pav	ree address; City; State; Zip Code		ON	(0)
3-18-03	36/8 W. Comme	nce #50	0	325,00
5	AN ANTONIO, 7			
Purpose of payment (Se	e instructions regarding type of information	T	ect expenditure to t	penefit C/OH
required.)		Candidate / Officeholder na		as sought Office held
			1	
Date Pay	ee name		/ T	Amount
	ee address; City; State; Zip Code	_ /	/	(\$)
3-4-03	7511 ShAdew	/		100.00
	SAN/ANTONIO,	1x. 78/23	8	
Purpose of payment (Ser required.)	e instructions regarding type of information	Complete if dire Candidate / Officeholder na	ect expenditure to b ame Offic	enefit C/OH •• e sought Office held
Date Paw		17		
	ee altdress City; State; Zip Code	HERRERA Noll	-	Amount (\$)
	SAN ANTONIO, TO	7822	2/	
	e instructions regarding type of information y stem + Mu si c	Complete if dire Candidate / Officeholder na	ect expenditure to b	enefit C/OH e sought Office held
FOR CAMPA	righ Kick-OFF			
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NE	EDED	

	mmission P.O. Box 12070 Austin, Texas	78711-2070/ED	(512) 463-5800 1-800-325-850
POLITI	CAL EXPENDITURES CI	TY OF SAN ANTONIO TY OF SAN ANTONIO CITY CLERK TO APR -3 PM 4:5	SCHEDULE F
The Instruction	א Guide explains how to complete this form.	NO APR -3 FILE	1 Total pages Schedule F:
			Total pages ourleague 1.
2 FILER NAM	HENRY ROSAle	5	3 ACCOUNT # (Ethics Commission filers)
4 Date	Josephine	RAMON	7 Amount (\$)
2-20-03	3939 PORTS M		3,000.00
	SAN ANTONIO,	Tx. 7822.	3
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 ··· Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH •• Ime Office sought Office held
Date	Payee name		Amount
2-20-03	Payee address: City; State; Zip Code 3939 PORTS M 5AN ANTONIO,	outh	800.
Purpose of pay	ment (See instructions regarding type of information		
required.)	4 6 7 ,	•• Complete it dire	ct expenditure to benefit C/OH
		Candidate / Officeholder na	
Date	Payee name		me Office sought Office held Amount
Date	Payee name Payee address; City; State; Zip Code		me Office sought Office held
		Candidate / Officeholder na	Armount (\$)
Purpose of pay	Payee address; City; State; Zip Code	Candidate / Officeholder na	Amount ct expenditure to benefit C/OH me Office sought Office held Amount
Purpose of pay required.)	Payee address; City; State; Zip Code ment (See instructions regarding type of information Payee name	Candidate / Officeholder na	Amount (\$) ct expenditure to benefit C/OH me Office sought Office held
Purpose of pay required.)	Payee address; City; State; Zip Code ment (See instructions regarding type of information Payee name	Candidate / Officeholder na	Amount ct expenditure to benefit C/OH me Office sought Office held Amount
Purpose of pay required.) Date	Payee address; City; State; Zip Code ment (See instructions regarding type of information Payee name	Complete if dire Candidate / Officeholder na	Amount (\$) ct expenditure to benefit C/OH me Office sought Office held Amount (\$) ct expenditure to benefit C/OH ct expenditure to benefit C/OH